

Ensuring Health Security in the African Region

EMERGENCY
PREPAREDNESS
AND RESPONSE
FLAGSHIP PROJECTS



World Health
Organization

REGIONAL OFFICE FOR **Africa**



BACKGROUND

Each year, more than 100 health emergencies occur in the African Region, including disease outbreaks of cholera, yellow fever, meningitis, measles and Ebola. Most of these emergencies are preventable and controllable with proven public health interventions.

The Region has made tremendous progress guided by various global, regional and country conventions and frameworks, including the International Health Regulations (IHR, 2005), the Technical Guidelines for Integrated Disease Surveillance and Response (IDSR), as well as countries' National Action Plans for Health Security (NAPHS). Since 2017, the median time to end outbreaks has improved, decreasing from 131 days to 45 days in 2019¹.

However, there remain inadequacies in planning, limited trained human resources, lack of agility in response teams, slow and poor decision-making, and challenges with stockpiling of supplies. Public health emergencies in the Region often overwhelm already-weak health systems, interrupt essential health services and fuel unprecedented socio-economic disruption, undermining decades of hard-earned health and economic gains.

The COVID-19 pandemic has reinforced the need for robust country capacity to prevent, prepare for, detect and respond to public health emergencies of international concern in the African Region. More than a year into the pandemic, the human and economic toll has been unprecedented, threatening decades of development gains. While the full extent of COVID-19's impact on human health and related social and economic issues is yet to be seen, immediate measures must be taken to mitigate future public health emergencies.

Many critical recommendations have been made at the global level, including by the Independent Panel on Pandemic Preparedness and Response (IPPPR), the IHR Review Committee and the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme. To help translate these recommendations and the unprecedented global attention around health emergencies into African-driven solutions that reflect regional, national and local needs, the World Health Organization Regional Office for Africa (WHO AFRO) is launching three flagship projects to improve the capacity of all Member States to prepare, detect and respond to public health emergencies.

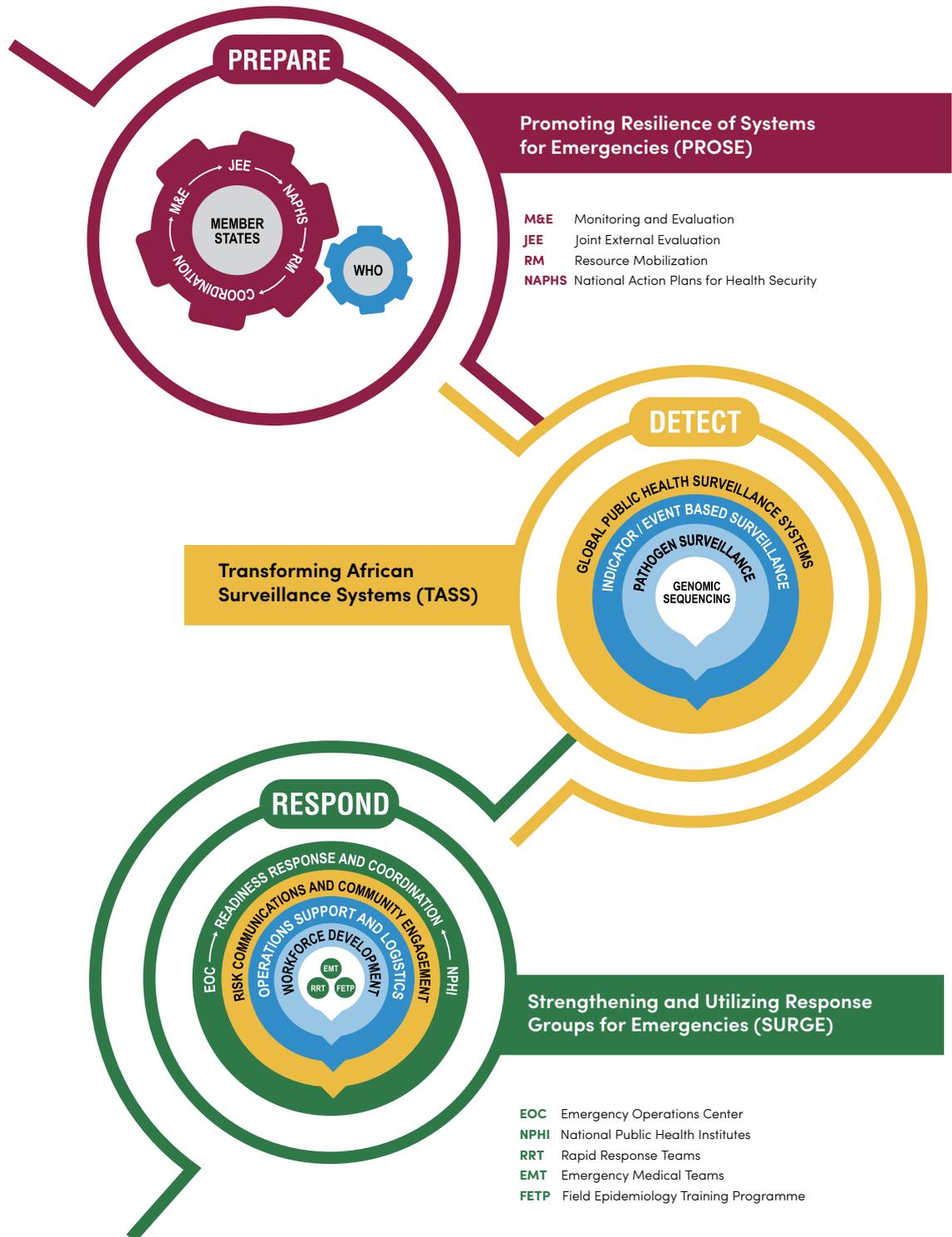
About WHO AFRO Emergency Preparedness and Response Cluster

Set up in 2016, the Emergency Preparedness and Response Cluster at WHO AFRO works with national governments in the African Region to strengthen their capacity to prevent, prepare for, detect, and respond to health emergencies. Since 2016, WHO AFRO has supported Member States on more than 200 public health emergency responses and has come to be recognized as the lead agency in implementing emergency response efforts among the United Nations Country Support Teams.

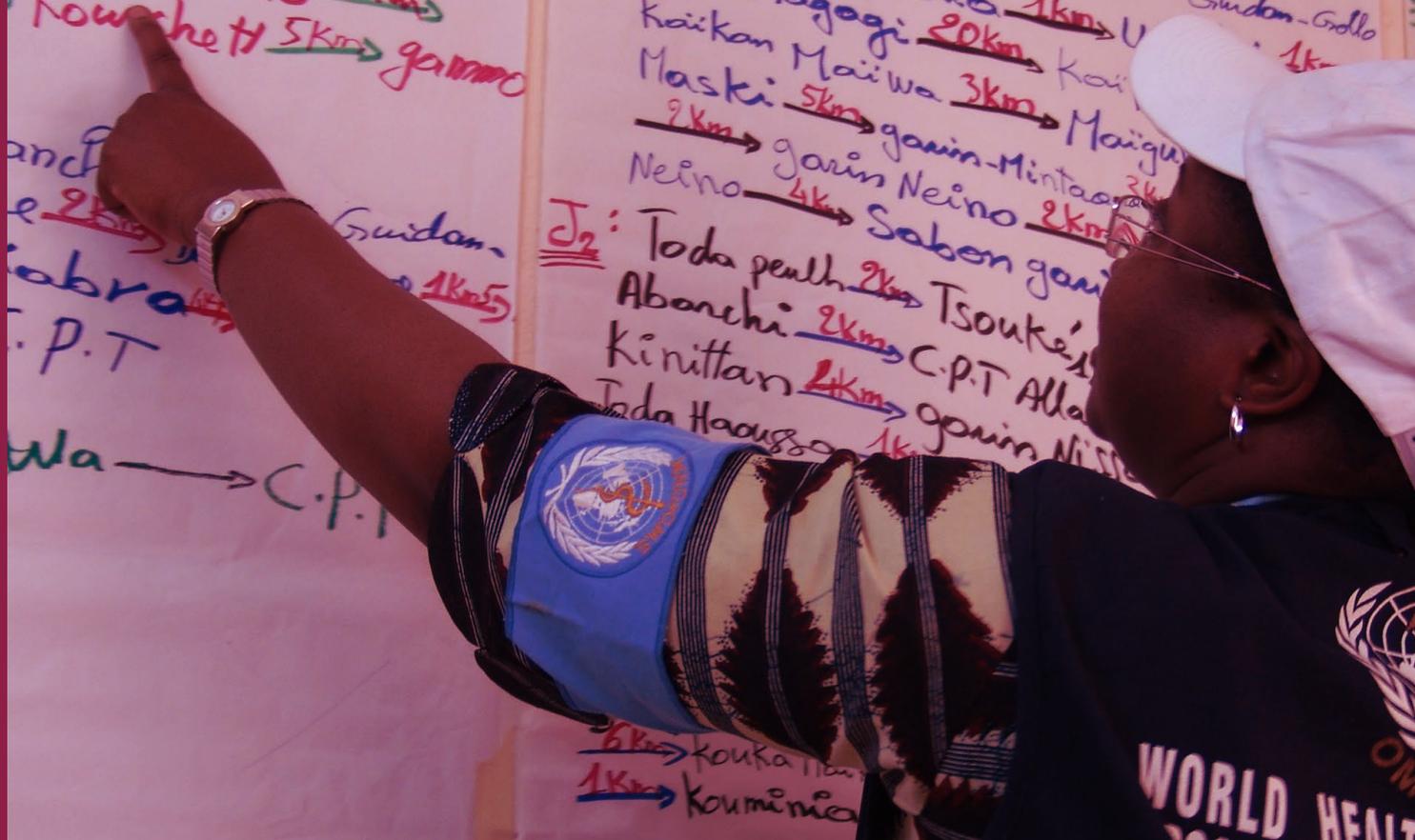
¹ Impouma, B., Roelens, M., Williams, G., Flahault, A., Codeço, C., Moussana, F., Farham, B., Hamblion, E., Mboussou, F., Keiser, O. (2020). Measuring Timeliness of Outbreak Response in the World Health Organization African Region, 2017 – 2019. *Emerging Infectious Diseases*, 26(11), 2555 – 2564. https://wwwnc.cdc.gov/eid/article/26/11/19-1766_article. [Accessed 12 Oct. 2021].

ABOUT THE FLAGSHIP PROJECTS

The flagship projects will collectively improve the capacity of Member States to prepare, detect and respond to public health emergencies. They will build upon existing infrastructure to put in place a well-organized partner support system that augments national capacity when needed, incorporating lessons learned from COVID-19, Ebola and other health emergencies. Initially implemented in select countries, they will be scaled up regionally over five years.



To discuss **financial, technical** or **partnership** opportunities, please reach out to the **Emergency Preparedness and Response Cluster, WHO AFRO** at afepreniormanagement@who.int



PROMOTING RESILIENCE OF SYSTEMS FOR EMERGENCIES

Equipping countries to plan ahead for response and recovery

OVERVIEW

WHO AFRO is launching the *Promoting Resilience of Systems for Emergencies (PROSE) Flagship Project* to ensure each of the 47 countries in the Region are better equipped to plan for health emergencies and humanitarian crises.

The highest priorities for the project will be to strengthen existing structures to ensure human and material resources are available, capable and organized to deal with a wide range of hazards that result in health emergencies, including disasters, disease outbreaks and conflicts, while simultaneously ensuring that these planning efforts are integrated into the overall health system strengthening plans of countries.

Specifically, the project aims to:

- Provide technical support to countries for developing national and sub-national level emergency preparedness plans that address all hazards, prepare for continuity in provision of essential health services and align with the 'one health approach'.
- Organize technical and financial partners including donor agencies, private sector players, researchers, and communities to ensure coordinated and holistic planning.
- Support the establishment of local and regional supply chains to enhance the availability and distribution of life-saving health commodities in Africa.
- Ensure the availability of rapid financing mechanisms for response and recovery efforts after shock events.
- Empower Member States to reflect the needs of their countries at international and regional policy forums; and push for action to ensure greater global equity in access to life-saving interventions during an emergency.

The structure and design of the project will be regularly monitored to make sure it responds to country context and needs. Wherever possible, the project will leverage existing human resources and structures.

STRUCTURE OF THE FLAGSHIP PROJECT

The *Promoting Resilience of Systems for Emergencies (PROSE) Flagship Project* will build the capacities of countries to anticipate risks, plan for contingencies and prepare to mobilize human and material resources to stabilize emergency situations rapidly and effectively.

Over the course of five years, WHO AFRO will ensure each of the 47 countries strengthen emergency preparedness plans and operating procedures, develop and maintain emergency capacities within the country especially at designated points of entry such as airports, ports, and ground crossings, and prioritize financial resources to ensure the implementation of emergency preparedness activities.

The project will have five pillars of work:

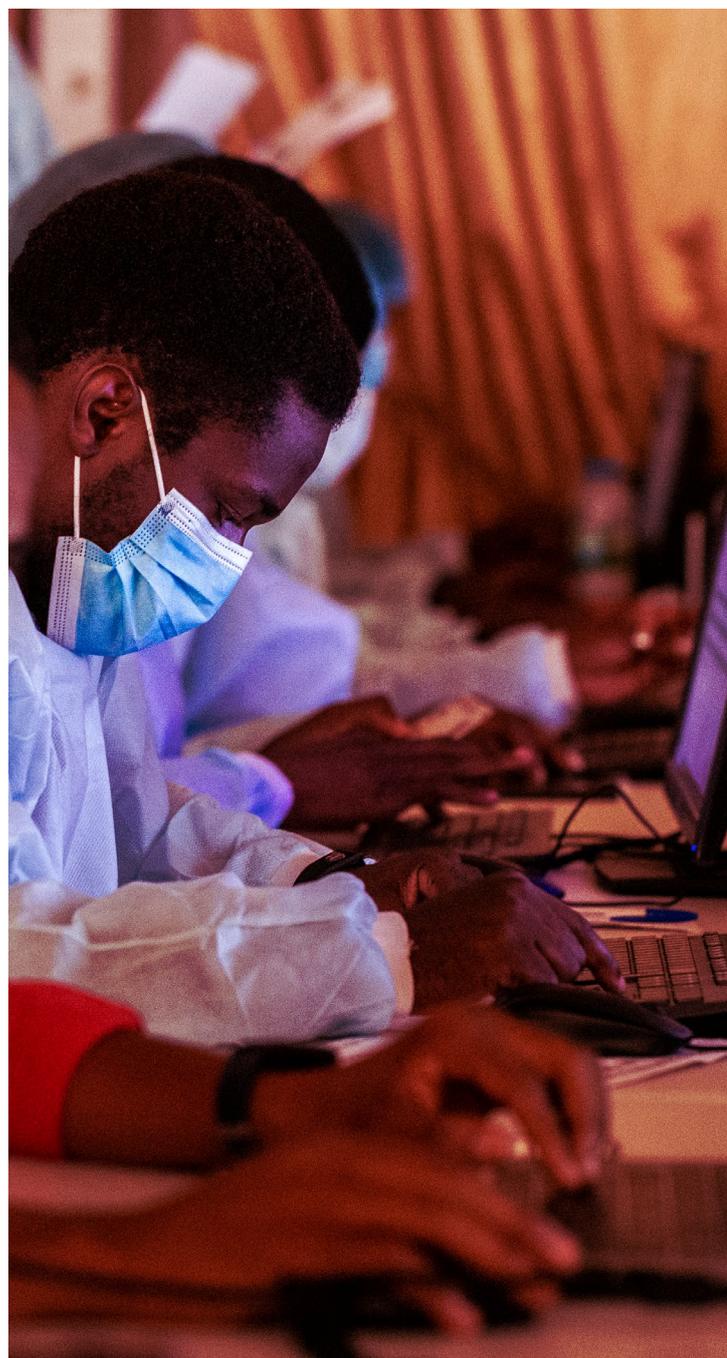
- **PILLAR 1: Evidence-based plans, policies, and legislations** to institutionalize the implementation of recommendations by regional and global bodies, ensure prioritization of financial resources and bolster multi-sectoral mechanisms for coordinated decision-making.
- **PILLAR 2: Systems and tools** to strengthen implementation of the IHR across all elements, improve clinical care for infectious diseases and ensure the timely provision of logistics and supplies.
- **PILLAR 3: Workforce development** to ensure development of a workforce strategy, create/strengthen field epidemiology training programmes, and monitor human resource availability for implementing IHR core capacity requirements.
- **PILLAR 4: Risk communications and community engagement** to convey public health threats transparently and in a timely and coordinated manner through mechanisms built into National Action Plans for Health Security (NAPHS).
- **PILLAR 5: Sustainable and predictable financing** to ensure the availability of adequate funds for preparedness efforts.

Across the above pillars, there will be a particular focus on empowering country leadership to participate in international and regional dialogues to ensure the Region's needs are reflected in the latest emergency preparedness guidelines.

OPPORTUNITIES FOR ENGAGEMENT

Implementing the recommendations of the Independent Panel on Pandemic Preparedness and Response (IPPPR), the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme and the IHR Review Committee will require collaborative and concerted efforts from Member States, development partners and other stakeholders.

The *Promoting Resilience of Systems for Emergencies (PROSE) Flagship Project* is envisioned as a multi-partner collaborative initiative that pushes all stakeholders to take collective responsibility to make emergency preparedness a priority for the Region. While national governments will be owners of the preparedness plans, WHO AFRO and other agencies will provide technical support aligned with their strategic interests and comparative strengths. WHO AFRO welcomes the support of partners to support Member States in the Region to build this project over the next five years.





TRANSFORMING AFRICAN SURVEILLANCE SYSTEMS

Reimagining the Integrated Disease Surveillance and Response (IDSR) framework

OVERVIEW

WHO AFRO is launching the *Transforming African Surveillance Systems (TASS) Flagship Project* to enable quicker detection of public health threats in each of the 47 countries in the Region.

The Integrated Disease Surveillance and Response (IDSR) strategy is a key foundational tool used to strengthen national public health surveillance and response systems at the national, district, health facility and community levels. Developed by WHO AFRO initially in 1998, this strategy has since been adapted for use in the WHO Eastern Mediterranean (EMRO) and South-East Asia (SEARO) Regions. Almost every country in the African Region has invested human and material resources in IDSR since 1998, contributing to effective routine surveillance across certain diseases and geographies, and an improved median time to detection of disease outbreaks². However, progress on implementation has been uneven and the landscape has evolved since the IDSR technical guidelines were last revised in 2019.

The highest priorities of the project are to support Member States to update countries' surveillance systems to be aligned with the IDSR's third-edition guidelines and recent lessons learned from the COVID-19 pandemic.

Specifically, the project aims to:

- Strengthen national capacities for implementation/scale up of the IDSR and improve existing laboratory infrastructure and systems.
- Support countries to modernize data acquisition, analytics, and information technology systems for robust detection and quick action.
- Support countries to ensure surveillance systems have sufficient staff at all levels that are well-trained.
- Provide high-level advocacy to facilitate increased financing to update and scale up IDSR implementation at the national and subnational level.

² Impouma, B., Roelens, M., Williams, G., Flahault, A., Codeço, C., Moussana, F., Farham, B., Hamblion, E., Mboussou, F., Keiser, O. (2020). Measuring Timeliness of Outbreak Response in the World Health Organization African Region, 2017 – 2019. *Emerging Infectious Diseases*, 26(11), 2555 – 2564. https://wwwnc.cdc.gov/eid/article/26/11/19-1766_article. [Accessed 12 Oct. 2021].

STRUCTURE OF THE FLAGSHIP PROJECT

Over the course of five years, WHO AFRO in conjunction with partners will work closely with Member States to update IDSR implementation tools/materials and guides at the country level considering recent developments, including lessons learned and capacities built from COVID-19, technological progress in areas such as genomic sequencing, and polio transition planning. With the Region achieving polio eradication, Global Polio Eradication Initiative (GPEI) funding will be phased out over the next several years and therefore national governments will need to take charge of surveillance systems that are currently supported through the GPEI.

In parallel, the project will support Member States to strengthen implementation to address ongoing challenges. Despite progress, reviews of surveillance systems have consistently highlighted the lack of trained human resources, data challenges such as limited interoperability between different data sources and use of electronic-based systems, and inadequate domestic funding among others. Additionally, while indicator-based surveillance that involves routine reports from healthcare providers has been relatively strong, other surveillance processes have lagged in implementation.

The project will have four pillars of work:

- **PILLAR 1: Support to countries for IDSR implementation** which will include targeted workshops to enable countries to review and adjust their IDSR plans to reflect the evolving local contexts while simultaneously encourage national ownership, accountability, and increased financing towards the IDSR framework.
- **PILLAR 2: Data and information management** which will support Member States to equip themselves with comprehensive electronic health databases that aggregate as many data sources as possible, promptly share data as required by IHR and analyze data for decision-making.
- **PILLAR 3: Workforce development** which will ensure sufficient trained personnel at the national and sub-national level by supporting the transfer of staff formerly funded by the GPEI (where applicable) to government surveillance programmes and institutionalization of IDSR training at public and private institutions.
- **PILLAR 4: Advocacy and policy dialogue for sustainable and predictable financing** which will ensure greater discourse and political commitment toward investing in modernized surveillance efforts.

Across the pillars, the project will seek to strengthen epidemic intelligence while focusing on:

- Indicator-based surveillance, which involves routine reporting of specific priority diseases from health care providers to public health officials using health facility-based structured data.
- Event-based surveillance, which monitors information of potential outbreaks from ad hoc sources.
- Community-based surveillance, which engages communities in the active participation in detecting, reporting, responding to and monitoring public health events in their communities.
- Lab-based surveillance, which leverages pathogen diagnostics and genomic sequencing to improve surveillance at the molecular level.
- One Health (OH) surveillance, where collaboration between surveillance systems of multiple sectors (human, animal, plant, food safety, and environment) are integrated to analyze data, generate and disseminate relevant information with the view of improving one health (human, animal, plant or environment).

The project will also ensure project management systems are put in place to ensure the smooth functioning and integration of the above pillars with country systems and sustainability beyond the life cycle of the project.

OPPORTUNITIES FOR ENGAGEMENT

Translating the IDSR strategy into tangible action will require the active involvement of all Member States at the highest level, development partners and stakeholders.

Transforming African Surveillance Systems (TASS) Flagship Project is envisioned as a multi-partner, collaborative initiative, with national governments as owners, and WHO AFRO and other agencies as technical partners providing support aligned with their strategic interests and comparative strengths. WHO AFRO welcomes the support of partners to support Member States in the Region to build this flagship project over the next five years.





STRENGTHENING AND UTILIZING RESPONSE GROUPS FOR EMERGENCIES

Providing the surge support countries need to rapidly mitigate crises

OVERVIEW

WHO AFRO is launching the *Strengthening and Utilizing Response Groups for Emergencies (SURGE)* Flagship Project in each of the 47 countries in the Region, to ensure governments are equipped to mobilize and respond to public health emergencies within the first 24 hours of confirmation. Most countries have existing emergency response teams, yet they too often lack capacity and integration to quickly mobilize human resources and supplies at the national level once emergencies are declared.

The highest priorities for the project will be to strengthen existing structures at the country level to provide the surge technical, operational and logistical support African countries need to mitigate crises more efficiently, limit interruption of life-saving health services, minimize economic and social effects, and contribute to raising the level of health security, particularly in fragile settings.

Specifically, the project aims to:

- Establish national-level cadres of local human resources with the technical, operational and logistical know-how to respond to health emergencies and humanitarian crises.
- Improve readiness and response coordination at the national and sub-national level among government ministries, partner agencies and civil society organizations.

- Strengthen existing operations and logistics for emergency response at the regional and country level.

The structure and design of the project will be regularly monitored to make sure it responds to country context and needs. Wherever possible, the project will leverage existing emergency response structures and human resources.

STRUCTURE OF THE FLAGSHIP PROJECT

The *Strengthening and Utilizing Response Groups for Emergencies (SURGE)* Flagship Project will be led by national governments and will integrate and strengthen existing human resources for emergency response. Most countries across the continent have existing Public Health Emergency Operating Centres (PHEOCs)³, Rapid Response Teams (RRTs) and Emergency Medical Teams (EMTs) run by national governments. In countries where trained human resources do not exist, the project will train government employees selected by relevant ministries to serve as *SURGE* members. Ideally, *SURGE* members will be multi-disciplinary and include laboratory experts, epidemiologists, anthropologists, entomologists, veterinarians, data managers, as well as experts from other sectors such as field logistics and coordination, infection prevention and control (IPC), risk communications, community engagement, gender-based violence, WASH, nutrition, finance and administration, and mental health and psychosocial support.

³ Currently, 41 countries have established PHEOCs of which: 28 are considered functional meeting the minimum requirements; and 13 PHEOCs do not meet the minimum requirements.

The project will have four pillars of work:

- **PILLAR 1: Workforce Development** to ensure availability of dedicated, trained and ready for deployment multidisciplinary health workforce at the national and sub-national level,
- **PILLAR 2: Response Readiness and Coordination** to improve planning and cohesiveness across ministries, partner agencies and civil society organizations.
- **PILLAR 3: Operations and logistical support** to ensure the timely and effective deployment of emergency supplies and human resources, as well as the transportation, procurement and distribution of supplies at national and sub-national levels.
- **PILLAR 4: Risk Communications and Community Engagement** to convey public health threats transparently and in a timely and coordinated manner through mechanisms built into National Action Plans for Health Security (NAPHS).

The project will also ensure project management systems are put in place to facilitate the smooth functioning and integration of the four pillars with country systems for sustainability beyond the life cycle of the project.

Initially implemented in select countries and scaled up regionally over the course of five years, the project will ensure a high-functioning set of resources that can quickly and holistically respond to a wide range of hazards that create health emergencies, including disasters, disease outbreaks and conflicts. Criteria for selection of the initial set of countries includes country willingness, scale and frequency of emergencies in the country, and domestic funding available. Below is a snapshot of the implementation plan:

Phase I: Pre-Implementation (2021)	Phase II: Initial Implementation (2022)	Phase III: Scale up (2023-2026)
Develop the project structure, engage partners and mobilize resources.	Implement the project in five countries in the Region.	Draw on learnings from the initial implementation phase and develop a scale-up plan with targets set for each year.

OPPORTUNITIES FOR ENGAGEMENT

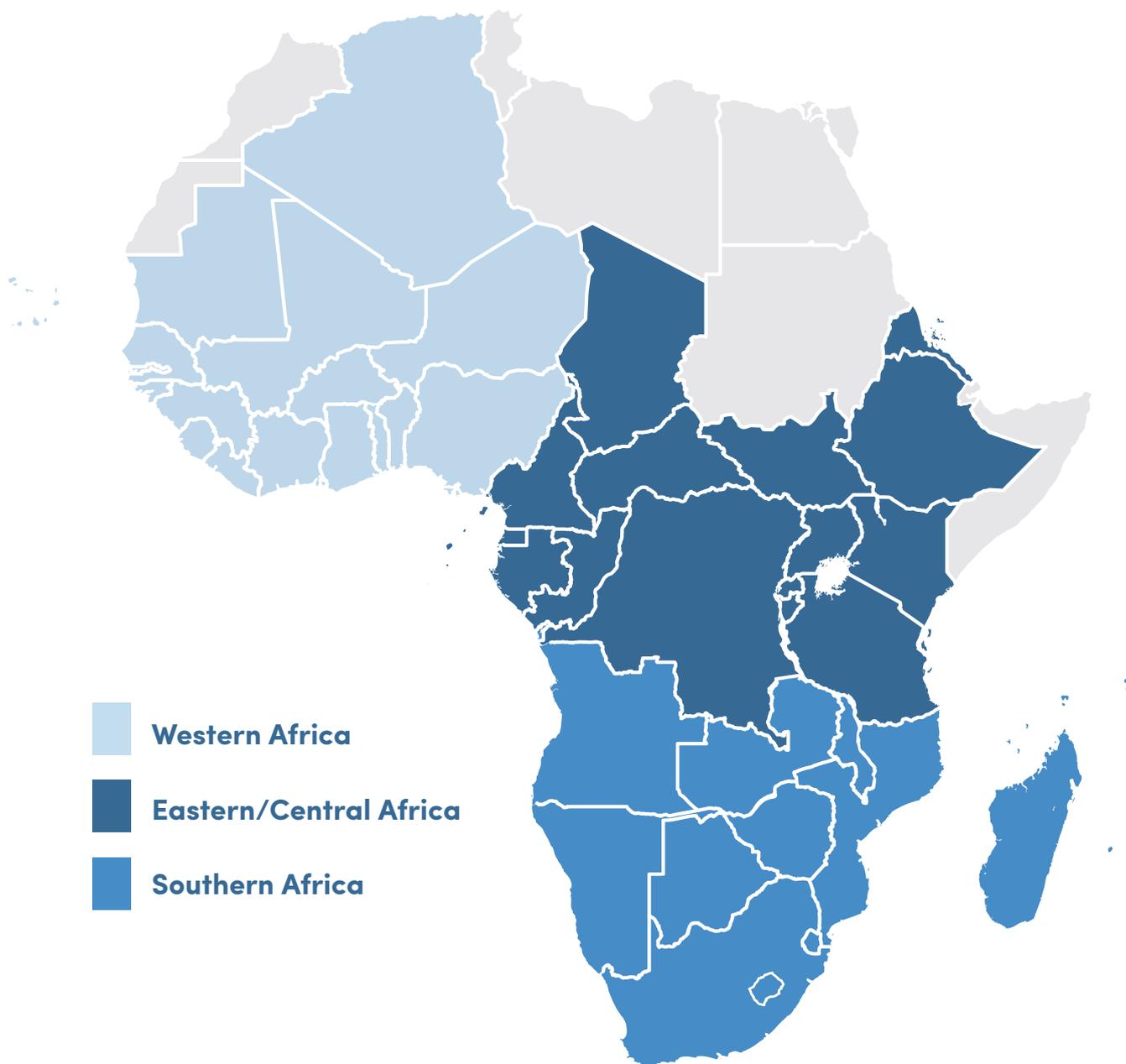
Transforming rapid response for public health emergencies in the African Region will require active involvement of all Member States at the highest level, development partners and stakeholders.

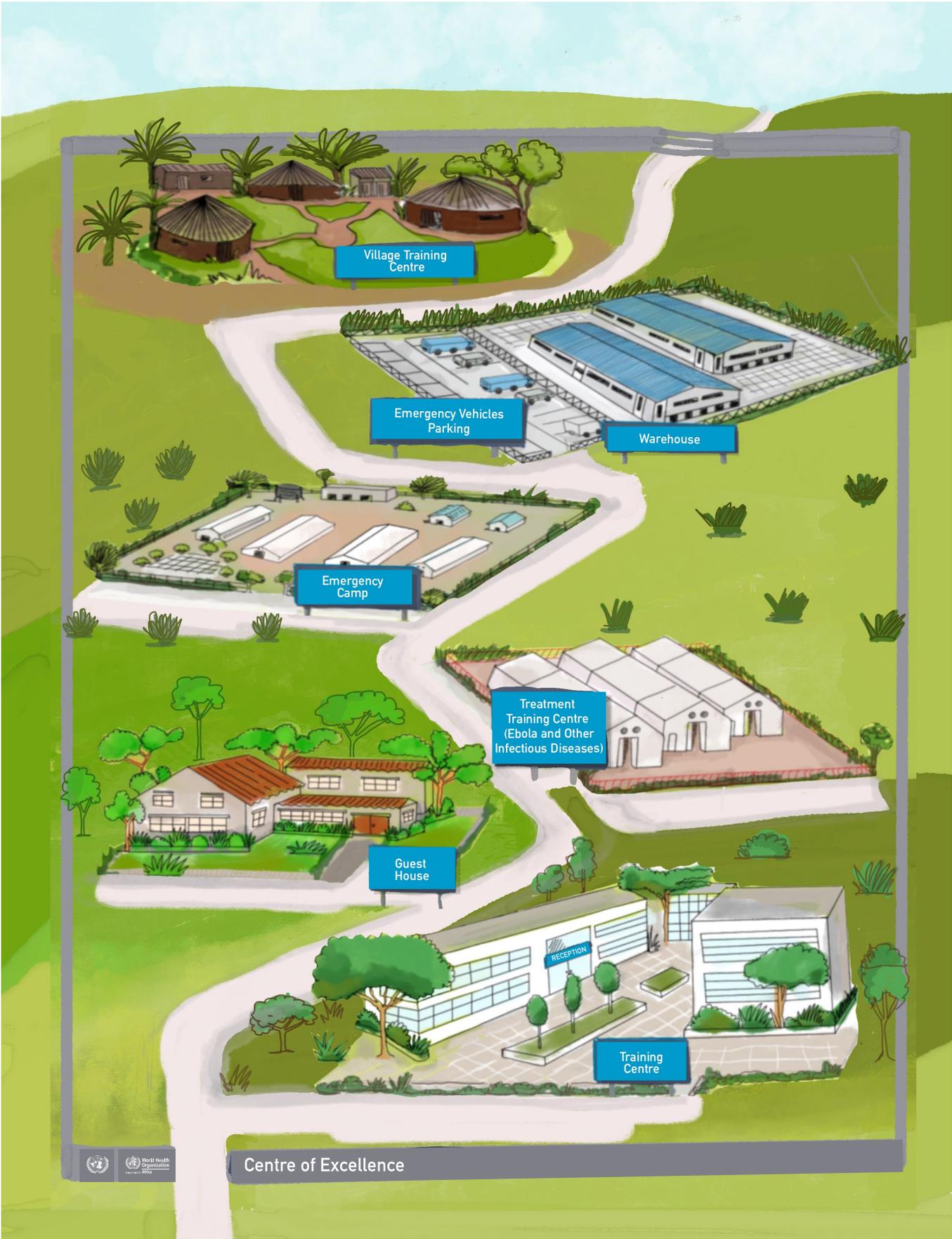
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CENTRES OF EXCELLENCE

The flagship projects will be supported by sub-regional *centres of excellence* in Western Africa, Eastern/Central Africa, and Southern Africa. With support from the WHO Academy, the centres will take on a variety of sub-regional activities including maintaining stockpiles of medical and logistical supplies, on-boarding and training a multi-disciplinary team of human resources to serve as SURGE members, and stationing WHO AFRO Health Emergencies Programme staff to ensure quick deployment during emergencies.





Village Training Centre

Emergency Vehicles Parking

Warehouse

Emergency Camp

Treatment Training Centre (Ebola and Other Infectious Diseases)

Guest House

Training Centre

Centre of Excellence





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